

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-876)**

SERIAL NO.

FILING DATE

10/519173
APPLICANT(S)

CLAIMS

AS FILED

AFTER
1st AMENDMENT

AFTER
2nd AMENDMENT

IND. DEP.

IND. DEP.

IND. DEP.

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IND. DEP.

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IND. DEP.

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IND. DEP.

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TOTAL
IND.

TOTAL
DEP.

SPECIAL
CLAIMS

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100

TOTAL
IND.

TOTAL
DEP.

SPECIAL
CLAIMS

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